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CONFIRMATION NO. 4280

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|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/533,825  | <b>FILING OR 371(c) DATE</b><br>12/21/2005<br><b>RULE</b>   | <b>CLASS</b><br>362               | <b>GROUP ART UNIT</b><br>2885   | <b>ATTORNEY DOCKET NO.</b><br>ZNA-PT014 |
| <b>APPLICANTS</b><br>Erland Austreng, AS, NORWAY;<br>Kjell-Arne Rorvik, Oslo, NORWAY;<br>William Mikkelsen, Drobak, NORWAY;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/NO03/00376 11/07/2003   |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>NORWAY 20025363 11/08/2002  |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/14/2007   |   |                                   |   |   |
| <b>** SMALL ENTITY **</b>   |   |                                   |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NORWAY | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>10               |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                                   |   |   |
| <b>ADDRESS</b><br>3624  |   |                                   |   |   |
| <b>TITLE</b><br>Lighting box  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>515   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |